### **Environmental Protection Agency Internet Information**

#### EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <a href="http://www.epa.gov">http://www.epa.gov</a>.

Region 2 has provided a FOIA Web site <a href="http://www.epa.gov/region02/foia/">http://www.epa.gov/region02/foia/</a> with several online databases from which the environmental information can be retrieved.

• "Frequently FOIAed Files" Web site <a href="http://www.epa.gov/region02/foia/fff.htm">http://www.epa.gov/region02/foia/fff.htm</a> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <a href="http://www.epa.gov/region02/cleanup/sites/">http://www.epa.gov/region02/cleanup/sites/</a>

#### **EPA- Headquarters**

- Envirofacts Data Warehouse Web site <a href="http://www.epa.gov/enviro/index.html">http://www.epa.gov/enviro/index.html</a> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- "My Environment" Web site <a href="http://www.epa.gov/myenvironment">http://www.epa.gov/myenvironment</a> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- The Enforcement and Compliance History Online (ECHO) Web site <a href="http://www.epa.gov/echo/">http://www.epa.gov/echo/</a> provides a list of all inspections and enforcement under most of the environmental statutes.
- Right-To-Know Network (RTK Net), a non-EPA Web site <a href="http://www.rtknet.org/">http://www.rtknet.org/</a> online query engine provides free access to numerous databases and resources on environment.
- National Biennial RCRA Hazardous Waste Report Web site <a href="http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm">http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm</a> provides documents and data on hazardous waste reports.
- Conditionally Exempt Small Quantity Generators Web site <a href="http://www.epa.gov/osw/hazard/generation/cesqg.htm">http://www.epa.gov/osw/hazard/generation/cesqg.htm</a> provides information on Conditionally Exempt Small Quantity Generators.



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/17/2013

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000197244

INSTALLATION NAME: CVS PHARMACY #2719

INSTALLATION ADDRESS:

97-01 LIBERTY AVE **OZONE PARK, NY 11417** 

MAILING ADDRESS:

1 CVS DR

**WOONSOCKET, RI 02895** 

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2** RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: CVS PHARMACY #2719

or Current Occupant

ATTN: WENDY BRANT

1 CVS DR

**WOONSOCKET, RI 02895** 



	OM	B# 2050-0024;	Fxpires <u>12/31/2014</u>	17	AGENCY, REGION II		
da	FOI The	MPLETED RM TO: e Appropriate te or Regional	United States RCRA SUBTITL	2013 AUG - 7 A II: I 2 ency FORM - ROGRAMS BRANCH			
	1.	Reason for	Reason for Submittal:	× -	*.		
5		Submittal		(first time submitting site identification i	nformation / to obtain an EPA ID number		
P		MARK ALL BOX(ES) THAT	for this location)  To provide a Subsequent Notific	cation (to update site identification inform	nation for this location)		
$\supset$	В		☐ As a component of a First RCRA Hazardous Waste Part A Permit Application				
		APPLY	☐ As a component of a Revised R	CRA Hazardous Waste Part A Permit A			
			☐ As a component of the Hazardo	us Waste Report (If marked, see sub-bi			
☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 >100 kg of acute hazardous waste spill cleanup in one or more months of the LQG regulations)							
	2.	Site EPA ID Number	EPA ID Number NYR000	0 1 9 7 2 4 4			
2	3.	Site Name	Name: CVS Pharmacy #2719				
V,	4.	Site Location	Street Address: 97-01 Liberty Ave.				
9		Information	City, Town, or Village: Ozone Park		County: Queens		
ì			State: NY	Country: USA	Zip Code: 11417		
D	5.	Site Land Type	Private County Distr	ict Federal Tribal	Municipal State Other		
0	6.	NAICS Code(s) for the Site (at least 5-digit codes)	A.   4   4   6   1   1	0 c.			
609 (00)			В.	D			
Z	7.	7. Site Mailing Address	Street or P.O. Box: One CVS Drive				
$\langle \rangle$			City, Town, or Village: Woonsocket				
			State: RI	Country: USA	Zip Code: 02895		
to		Site Contact	First Name: Wendy	MI: Last: Brant			
13		Person	Title: CVS Corporate Environmental Manager				
3			Street or P.O. Box: One CVS Drive				
2 to			City, Town or Village: Woonsocket				
Email: Wendy.Brant@CVSCaremark.com				Zip Code: 02895			
				.com			
0		400.0	Phone: 401-765-1500	Ext.:	Fax: 401-216-0138		
2	9.	Legal Owner	A. Name of Site's Legal Owner: Acadia	Liberty LLC	Date Became Owner: 11/22/2006		
10	and Operator of the Site Owner Type: Private County District Federal Tribal Municipal			Municipal State Other			
a			Street or P.O. Box: 1311 Mamaroneck Ave Ste 260				
			City, Town, or Village: White Plains	Phone: 9142888183			
Z.	State: NY Country: USA			Country: USA	Zip Code: 10605		
43			B. Name of Site's Operator: CVS ALE	BANY, L.L.C.	Date Became 1/21/2007 Operator:		
7			Operator Type: Private County District Federal Tribal Municipal State Othe				

EPA ID Number NYR0	0 0 1 9 7 2 4 4	OMB#: 2050-0024; Expires <u>12/31/2014</u>
10. Type of Regulated Waste Activit Mark "Yes" or "No" for all <u>curre</u>	y (at your site) nt activities (as of the date submitting the	form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Co	mplete all parts 1-10.	
1. Generator of Haza If "Yes", mark only  a. LQG: Gene (2,200 Gene accum Ibs./m Gene accum (220 I mater	rdous Waste rone of the following – a, b, or c. rates, in any calendar month, 1,000 kg/mo lbs./mo.) or more of hazardous waste; or rates, in any calendar month, or nulates at any time, more than 1 kg/mo (2.2 o) of acute hazardous waste; or rates, in any calendar month, or nulates at any time, more than 100 kg/mo bs./mo) of acute hazardous spill cleanup ital.	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)  Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.  Y N 7. Recycler of Hazardous Waste
acute  c. CESQG: Less hazar  If "Yes" above, indicate other of the control of the	or (generate from a short-term or one-time	8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining Furnace Exemption
explanation in the Co Y N 3. United States Impo	n-going processes). If "Yes", provide an mments section.  rter of Hazardous Waste  dous and radioactive) Generator	Y N 9. Underground Injection Control Y N Site
accumulate 5,0 regulations to d	Handler of Universal Waste (you 00kg or more) [refer to your State determine what is regulated]. Indicate sal waste managed at your site. If "Yes",	C. Used Oil Activities; Complete all parts 1-4.  Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter b. Transfer Facility (at your site)
d. Lamps e. Other (specif f. Other (specif g. Other (specif Y N 2. Destination Fac	aining equipment  y)  y)  y)  y)  cility for Universal Waste ous waste permit may be required for this	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.  a. Processor  b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.  a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications

EP	A ID Number	N Y R 0	0   0   1   9   7	2   4   4	OMB#	e: 2050-0024; Exp	res <u>12/31/2014</u>
D.		emic Entities with L		cation for opting in	to or withdrawing fr	om managing labo	atory hazardous
	<ul> <li>You car</li> </ul>	ONLY Opt into Sub	part K if:				
	agre	are at least one of the ement with a college llege or university; AN	or university; or a no	or university; a teacl n-profit research insti	ning hospital that is o itute that is owned by	wned by or has a for or has a formal affili	mal affiliation ation agreement with
	<ul> <li>you l</li> </ul>	have checked with yo	our State to determine	e if 40 CFR Part 262	Subpart K is effective	in your state	
Υ[	] NV 1. 0	pting into or currently ee the item-by-item	operating under 40 instructions for def	CFR Part 262 Subpa initions of types of	rt K for the managem eligible academic e	nent of hazardous wantities. Mark all tha	stes in laboratories t apply:
	a	. College or Univers	ity				
	□Ь	. Teaching Hospital	that is owned by or h	as a formal written af	filiation agreement w	ith a college or unive	ersity
	c	. Non-profit Institute	that is owned by or h	nas a formal written a	ffiliation agreement w	vith a college or unive	ersity
Υ[	N 2. W	/ithdrawing from 40 C	CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	tes in laboratories	
11.	Description of	of Hazardous Waste	1				
A.	Waste Codes your site. Lis spaces are no	t them in the order th	llated Hazardous Wa ley are presented in t	astes. Please list the he regulations (e.g., l	waste codes of the l D001, D003, F007, U	Federal hazardous w 112). Use an additio	rastes handled at onal page if more
	D001	D002	P001	P042	P075	P081	D009
	D011						
	2011						
		*					
В.	Waste Codes hazardous was spaces are no	astes handled at you	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes e order they are pres	. Please list the wast ented in the regulation	te codes of the State ons. Use an addition	-Regulated al page if more

<b>EPA ID Number</b>	9   7   2   4   4	DMB#: 2050-0024; Expires <u>12/31/2014</u>				
12. Notification of Hazardous Secondary Material (HSM) Activity						
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?						
If "Yes", you <u>must</u> fill out the Addendu Material.	m to the Site Identification Form: Notificat	on for Managing Hazardous Secondary				
13. Comments						
This notification is updating the waste codes ar	nd the generator status to CESQG.					
14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
CA	Charles Savage CVS Agent	8/1/2013				



# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/16/2012

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000197244

INSTALLATION NAME:

**CVS PHARMACY #2719** 

INSTALLATION ADDRESS:

97-10 LIBERTY AVE **OZONE PARK, NY 11417** 

MAILING ADDRESS:

1 CVS DR

**WOONSOCKET, RI 02895** 

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: CVS PHARMACY #2719

or Current Occupant

ATTN: WENDY BRANT

1 CVS DR

**WOONSOCKET, RI 02895** 





OMB# 2050-0024; Expires 12/31/2014

SEND					AUCHUY, REGION II		
COMPLETED FORM TO: The Appropriate State or Regional Office.		United States Environmental Protection Agency MAR - 5 PM 4: 46 RCRA SUBTITLE C SITE IDENTIFICATION FORM BRANCH					
1.	Reason for Submittal						
		for this location)	(mor unite out	ritaring and raditalisation into	matori / to obtain art =: / rio nambor		
Е	MARK ALL OX(ES) THAT APPLY	<ul> <li>□ To provide a Subsequent Notification (to update site identification information for this location)</li> <li>□ As a component of a First RCRA Hazardous Waste Part A Permit Application</li> </ul>					
		☐ As a component of a Revised RC			- Toronto Library Control Cont		
		☐ As a component of the Hazardou	· · · · · · · · · · · · · · · · · · ·				
		☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)					
2.	Site EPA ID Number	EPAID Number NYR 90	0119	17121414			
3.	Site Name	Name: CVS Pharmacy #2719					
4.	Site Location	Street Address: 97-01 Liberty Ave.		Control of the Contro			
	Information	City, Town, or Village: Ozone Park	,		County: Queens		
		State: NY	Country: US	BA	Zip Code: 11417		
5.	Site Land Type	Private County Distri	ct Fed	leral Tribal M	lunicipal State Other		
6.	NAICS Code(s)	A. 4 4 6 1 1	0	C			
	for the Site (at least 5-digit codes)	B. 811292	121	D			
7.	Site Mailing	Street or P.O. Box: One CVS Drive					
	Address	City, Town, or Village: Woonsocket					
		State: RI	Country: US	SA	Zip Code: 02895		
8.	Site Contact	First Name: Wendy	MI: L	Last: Brant			
	Person	Title: CVS Corporate Environmental Manager					
		Street or P.O. Box: One CVS Drive					
		City, Town or Village: Woonsocket					
		State: RI	Country: US	SA	Zip Code: 02895		
		Email: Wendy.Brant@CVSCaremark.com					
		Phone: 401-765-1500	Fax: 401-216-0138				
				Date Became 11/22/2006 Owner:			
	and Operator of the Site	Owner Type: Private County District Federal Tribal Municipal State Other					
		Street or P.O. Box: 1311 Mamaroneck					
		City, Town, or Village: White Plains		Phone: 9142888183			
		State: NY	Country: US	SA	Zip Code: 10605		
		B. Name of Site's Operator: CVS Albany LLC  Date Became 1/21/2007 Operator:					
		Operator Type: Private County District Federal Tribal			Municipal State Other		

EPA ID Number		OMB#: 2050-0024; Expires 12/31/2014					
10. Type of Regulated Waste Activity (at your site)  Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.							
A. Hazardous W	A. Hazardous Waste Activities; Complete all parts 1-10.						
Y☑N☐ 1.	Generator of Hazardous Waste  If "Yes", mark only one of the following – a, b, or c.  a. LQG:  Generates, in any calendar month, 1,000 kg/n (2,200 lbs./mo.) or more of hazardous waste; Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/m (220 lbs./mo) of acute hazardous spill cleanu material.	b. Transfer Facility (at your site)  (2.2  Y  6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these					
If "Yes" abo	<ul> <li>b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of acute hazardous waste.</li> <li>c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-achazardous waste.</li> <li>eve, indicate other generator activities in 2-4.</li> <li>hort-Term Generator (generate from a short-term or one-time)</li> </ul>	sute Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining					
Y N 3.	vent and not from on-going processes). If "Yes", provide an xplanation in the Comments section.  United States Importer of Hazardous Waste  Mixed Waste (hazardous and radioactive) Generator	Y N 9. Underground Injection Control Y N N N Site					
B. Universal Wa	aste Activities; Complete all parts 1-2.  1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicat types of universal waste managed at your site. If "Y mark all that apply.  a. Batteries	b. Transfer Facility (at your site)					
Y NV	b. Pesticides  c. Mercury containing equipment  d. Lamps  e. Other (specify)	If "Yes", mark all that apply.  a. Processor  b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer  If "Yes", mark all that apply.  a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications					

EPA ID Number				OMB#	#: 2050-0024; Expi	res 12/31/2014
	lemic Entities with I		cation for opting in	to or withdrawing fr	rom managing labor	atory hazardous
You can	n ONLY Opt into Sub	part K if:				
agre		or university; or a no			owned by or has a for y or has a formal affili	
• you	have checked with ye	our State to determine	e if 40 CFR Part 262	Subpart K is effective	e in your state	
					nent of hazardous wa ntities. Mark all tha	
Па	a. College or Univers	sity				
	. Teaching Hospital	that is owned by or h	as a formal written at	ffiliation agreement w	ith a college or unive	rsity
	. Non-profit Institute	that is owned by or h	nas a formal written a	ffiliation agreement v	vith a college or unive	ersity
Y N 2. W	Vithdrawing from 40 (	CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	stes in laboratories	
11. Description	of Hazardous Waste					
A. Waste Codes your site. Lis spaces are no	t them in the order th	Ilated Hazardous Wa ney are presented in the	astes. Please list the he regulations (e.g., l	e waste codes of the D001, D003, F007, U	Federal hazardous w I112). Use an additio	astes handled at nal page if more
D001	D002	P001	P042	P075	P081	
1100						
B. Waste Codes hazardous waspaces are n	astes handled at you	ed (i.e., non-Federal) or site. List them in the	Hazardous Wastes e order they are pres	Please list the was ented in the regulation	te codes of the State- ons. Use an additiona	Regulated al page if more
<b></b>						

EPA ID Number	_  OMB	#: 2050-0024; Expires 12/31/2014					
12. Notification of Hazardous Secondary Material (HSM) Activity							
Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?							
If "Yes", you <u>must</u> fill out the Addendu Material.	m to the Site Identification Form: Notification fo	r Managing Hazardous Secondary					
13. Comments							
	3						
14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).							
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)					
CA	Charles Savage CVS Agent	02/23/2012					
		х					